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NHS England

Tackling Neighbourhood Health Inequalities

Supplementary guidance

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Contents

Summary

1. This guidance will help inform and support implementation and delivery of the Network Contract DES requirements for Tackling Neighbourhood Health Inequalities (TNHI). The contractual requirements are set out in the Network Contract DES Specification with further detail in the Network Contract DES Guidance. The additional, supporting information in this document is advisory.

2. The NHS Long Term Plan states that *'while we cannot treat our way out of inequalities, the NHS can ensure that action to drive down health inequalities is central to everything we do'.* This sustained focus on health inequalities has become even more critical in the context of COVID-19 and the adverse impact it has had on those individuals and groups already experiencing health inequalities.

3. As wider context, since 2021/22 systems have been asked to ensure that local delivery plans contribute to the overall goal of the NHS in addressing health inequalities through focused delivery against the five key priorities set out in NHSE's 2021/22 Operational and Planning Guidance and restated in the 2023/24 Planning Guidance

4. In June 2021 the NHS Improvement Board announced the CORE20PLUS5 approach. The Core20PLUS5 approach is designed to support Integrated Care Systems (ICS) to drive targeted action in health inequalities. It focuses action on:

    - the most deprived 20% of the national population as identified by the Index of Multiple Deprivation (IMD);
    - ICS-chosen PLUS population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups; and
    - across 5 focused clinical areas requiring accelerated improvement – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. The TNHI service is intended to help support the delivery of these system-wide strategies; to deliver our vision of exceptional quality care by ensuring equitable access, excellent experience and optimal outcomes.

5. The CORE20PLUS5 approach has now been adapted to apply to children and young people. The CORE20PLUS5 children and young people approach drives focussed action on the most deprived 20% of the population (as defined by IMD), PLUS communities and five clinical pathways (asthma, diabetes, epilepsy, oral health and mental health)

PCN Health Inequalities (HI) Leads, and their role in the wider system

6. PCNs are required to nominate a health inequalities lead. This may be the PCN's Clinical Director. However, PCNs are able to select another individual for this role where preferred – it can be any clinical or non-clinical member of the Primary Care Network Team. A commitment to addressing health inequalities is the most important characteristic of the role.

7. The main role of a health inequalities lead will be to act as a focal point and champion for this work – encouraging and challenging their colleagues to embed action to address health inequalities in everything they do.

8. From an external perspective they will provide a named, visible point of contact for health inequalities issues in the PCN.

9. The HI lead is not responsible for the delivery of services. They are responsible for coordinating and acting as a focal point for the wider set of activities delivered by the PCN and will support the PCN team to engage with wider system strategies to address health inequalities by:

    - Keeping aware of **national** strategies and sharing local examples of approaches to address health inequalities (including through membership of the national Health Inequalities Improvement Forum and access to NHS Futures Collaborative Platform);

    - Representing at **system level** the 'neighbourhood' of general practice and community partners in the ICS inequalities improvement agenda;

    - Supporting at **place level** the work to achieve integration of primary care with secondary and community services. By working in collaboration with peer organisational HI Leads. They will support driving change which will help mitigate issues of inequality and unmet need. Also actively engaging with other place-based partnerships, including Health and Wellbeing Boards; and

    - Collaborating at **neighbourhood /community level** to build positive relationships with other partners to develop a shared understanding of the needs of the population, and services required to meet those needs. Contributing to systematically reaching out to those most vulnerable, possibly excluded, and otherwise 'seldom heard' groups.

Activities a PCN HI lead may support within the PCN

10. As guidance, alongside engagement with system health inequalities improvement strategies described above, the PCN health inequalities lead

may also support the PCN to deliver the following activities. These are suggested actions, not a prescriptive list:

- develop and share knowledge and understanding of the local health inequalities situation by drawing in data and intelligence from primary care/partners within the PCN and system sources such as the Health Inequalities dashboards and population health management (PHM) analytics;
- champion progress on nationally defined priority targets (e.g. condition registration, identifying and including all patients with a learning disability on the learning disability register and making all reasonable efforts to deliver annual health check and health action plans for at least 75% of these patients who are aged over 14: annual health checks and care plans for people with serious mental illness; ethnicity recording for all patients (including recording that a patient has chosen not to provide their ethnicity); establishing and maintaining a PCN sickle cell disease register;
- progress the PCN TNHI service;
- advocate for resources to be targeted at those populations with the most pressing needs, both at PCN and system level;
- support the development of strategies within the PCN and the wider health system to recruit to Additional Role Reimbursement Scheme (ARRS) roles which support work to address health inequalities;
- enhance the role of the PCN as an anchor organisation or partner in anchor systems to enhance the social determinants of health;
- champion equitable recruitment and treatment of staff; and
- share learning within and between PCNs to adopt and adapt local approaches to better deliver health inequalities objectives.

Training, development and support for HI leads

11. To work effectively, HI leads will need support and empowerment across the PCN and wider system / ICS. As part of their own health inequalities improvement responsibilities, there is an expectation that ICSs will:

- support the delivery of quality improvement exercises;
- provide analytics and support for population health management;

- support strengths-based working and co-production with people and communities in addressing heath inequalities (developing CORE20PLUS5 community connector approaches).

- provide access to a peer network of HI leads. Peer networks could include CORE20PLUS5 ambassadors.

12. Opportunities to help lead(s) further their knowledge in this area are being developed, including more formal training and support, and include:

    - the Health Inequalities Improvement Academy, which incorporates building Quality Improvement (QI) capability and the establishment of a community of practice;

    - Health Inequalities Leadership Training modules, developed by NHS England and NHS Improvement Health Inequalities Improvement team in association with RCGP; Health Inequalities eLearning modules including sickle cell HEE elfh Hub (e-lfh.org.uk) via the RCGP Health Inequalities Learning Hub.

    - NHSE Core20PLUS5 webinar and slide sets.
        - Core20PLUS5 webinar - December 2021 - Equality and Health Inequalities Network - FutureNHS Collaboration Platform
        - The five clinical areas of focus for the Core20PLUS5 approach, January-May 2022 Five clinical areas of focus webinars - Equality and Health Inequalities Network - FutureNHS Collaboration Platform
        - Reducing health inequalities for children and young people, November 2022
        - Core20PLUS 5 CYP launch webinar, 16 December 2022.

13. HI leads are invited to join the National Health Inequalities Improvement Network or their local Health Inequalities Improvement Forum or the Health Anchors Learning Network. All of these groups provide practical case studies and can be joined by contacting the Health Inequalities Improvement team. Papers and recordings of previous meetings can be found via the FutureNHS platform.

Planned interventions for a population experiencing health inequality

14. PCNs are responsible for designing and delivering the intervention(s) described in the Network Contract DES and working collaboratively with commissioners who will offer support to do so. This includes:

a. identifying and selecting the population experiencing inequality, working collaboratively across systems and localities;

b. engaging with the community experiencing health inequalities; and

c. identifying what outcome this intervention is expected to achieve and how that outcome will be measured. This measurement should support quality improvement activities within, and between, PCNs.

Resources

15. There are a range of resources available to support PCNs:

- The Health Inequalities Improvement Dashboard (HIID) which brings together a range of indicators to help users, from national to local level, understand where health inequalities exist in their area; what is driving these inequalities; and what local insights and actions they can take to drive improvement. The dashboard will develop over time as data becomes available. The Health Inequalities Actionable Insights dashboard is available via the HIID.

- The Health Inequalities Priority Wards for unplanned hospitalization dashboard (building on the EHI RightCare Packs) is a dashboard which includes quarterly data Identifying Priority Wards together with the top 10 conditions for each Priority Ward and CCG/ICP. PCNs can access the priority wards dashboard by following the same access routes to the HIID.

- 'The 'Core20' and 'PLUS' target population components of the Core20PLUS5 approach should guide PCNs in population identification.

- Public Health teams in local authorities, and analytical teams in ICBs, can supply further intelligence to inform the selection of the population, and support the analysis of population health data for this purpose. The PCN Dashboard[1] continues to enable PCNs to track their progress against the service specifications set out in the Network Contract DES, including indicators related to the IIF that support this service.

16. The Health Foundation and NHS England commissioned a practical guide to support NHS systems to narrow health inequalities

[1] Navigate to the PCN Dashboard directly through NHS Applications by using the following link: A to Z Products | NHS England applications (model.nhs.uk) or by clicking here. Log in for previous users will remain the same. New users will need to register for an NHS Applications account here.

17. Further health inequalities resources including case studies and toolkits .are available on the FutureNHS Equality and Health Inequality network.

18. Access to the Health Inequalities Improvement Dashboard and the Health Inequalities Priority Wards for Unplanned Hospitalisation Dashboard is by following the step by step process on our NHS Futures pages above – HIID tab or via our web pages NHS England » The Health Inequalities Improvement Dashboard